



10-26-05

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JFW

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	09/872,329
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Art Unit	2143
Examiner Name	Joseph E. Avellino
Attorney Docket No.	700135.429

**ENCLOSURES (check all that apply)**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                                     |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Request for Corrected Filing Receipt                            | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences              |
| <input checked="" type="checkbox"/> Amendment/Response                       | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard                                      |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Declaration   | <input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):         |
| <input type="checkbox"/> Information Disclosure Statement and Transmittal    | <input type="checkbox"/> Statement under 37 CFR 3.73(b)                                  | <u>Second Applicant Initiated Interview Request Form</u>   |
| <input type="checkbox"/> Cited References                                    | <input type="checkbox"/> Terminal Disclaimer   | _____  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Request for Refund  | _____  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> CD, Number of CD(s) _____                                       | _____  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD   | _____  |

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

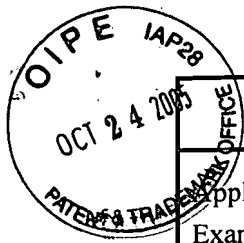
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Timothy L. Boller		
Date	October 24, 2005	Reg. No.	47,435

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	***SENT VIA EXPRESS MAIL***
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Typed or printed name	Date:
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## Second Applicant Initiated Interview Request Form

Application No.: 09/872,329First Named Applicant: Mitchell T. BergExaminer: Joseph E. AvellinoArt Unit: 2143Status of Application: Pending

## Tentative Participants:

(1) Timothy L. Boller(2) SPE(3) Examiner Joseph E. Avellino(4) Ellen M. BiermanProposed Date of Interview: To be determinedProposed Time: a.m. applicant's time (AM/PM)

## Type of Interview Requested:

(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>1-52</u>	<u>Aversa</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>New claims</u>	<u>53-67</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

## Brief Description of Arguments to be Presented:

Rejection of claims 1-52, new claims 53-67, Applicant's arguments for allowance over Aversa et al., and  
withdrawal of the finality of the April 25, 2005 Final Office Action.

An interview was conducted on the above-identified application on \_\_\_\_\_.

## NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

Timothy L. Boller

Typed/Printed Name of Applicant or Representative

47,435

Registration Number, if applicable

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **for FY 2005**

**Complete if Known**

Application Number	09/872,329
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	700135.429

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **2170**
**METHOD OF PAYMENT (check all that apply)**

- ☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>67</u> -20 or HP =	<u>15</u> X	<u>50</u> =	<u>750</u>	
HP = highest number of total claims paid for, if greater than 20				

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>9</u> -3 or HP =	<u>2</u> X	<u>200</u> =	<u>400</u>

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

**4. OTHER FEE(S)**

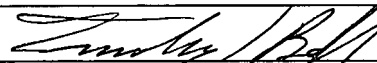
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 month extension of time

**Fees Paid (\$)**

**1020**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller	Date	October 24, 2005		